

availability of medical nutrition therapy services under the Medicare program; to the Committee on Finance.

Ms. COLLINS. Mr. President, I rise today to introduce the Medical Nutrition Therapy Act of 2021, along with my colleague from Michigan, Senator PETERS. Our bill would expand Medicare beneficiaries' access to Medical Nutrition Therapy, or MNT, which is a cost-effective component of treatment for obesity, diabetes, hypertension, dyslipidemia, and other chronic conditions. At a time when we have seen many diet-related chronic conditions contribute to poor COVID-19 outcomes, increasing access to MNT should be part of the strategy to improve disease management and prevention for America's seniors. The Medical Nutrition Therapy Act would make two important changes to support patients, improve health outcomes, and reduce unnecessary health care costs.

First, it would expand Medicare Part B coverage of outpatient medical nutrition therapy services to a number of currently uncovered diseases or conditions—including prediabetes, obesity, high blood pressure, high cholesterol, malnutrition, eating disorders, cancer, HIV/AIDS, gastrointestinal diseases including celiac disease, and cardiovascular disease. Currently, Medicare Part B only covers outpatient MNT for diabetes, renal disease, and post-kidney transplant.

Second, the bill would allow more types of providers—including nurse practitioners, physician assistants, clinical nurse specialists, and psychologists—to refer patients to MNT. This is especially critical for a rural state like Maine where a NP or PA may be one's trusted primary care provider.

MNT counseling is provided by Registered Dietitian Nutritionists (RDNs) as part of a collaborative health care team. It is evidenced-based and proven to positively affect weight, blood pressure, blood lipids, and blood sugar control. Nutritional counseling by RDNs is recommended by the National Lipid Association to promote long-term adherence to an individualized, heart-healthy diet. Through MNT, individuals benefit from in-depth, individualized nutrition assessments. Follow-up visits help reinforce important behavior and lifestyle changes and increase compliance.

Seniors deserve improved access to this cost-effective medical treatment, but many older adults are missing out under the current Medicare policy. Marcy Kyle, a RDN from Rockport, Maine, has seen many patients denied access to medically necessary MNT. One of her patients with prediabetes was referred by his primary care physician for MNT at age 64. At that time, his private insurance covered the service, and he booked the first available appointment the following week. That same week, this patient turned 65 and transitioned onto Medicare. You can imagine his surprise upon arriving for

his appointment and learning that MNT would not be covered. Fortunately for that patient, the outpatient facility changed its process to prevent similar situations, but this example demonstrates how the current restrictions can be detrimental for older adults at a critical juncture in their journey to better health.

Another unfortunate example from Maine was a patient with a new Celiac Disease diagnosis complicated by severe weight loss. His private insurance covered MNT as Celiac Disease is a controllable disease with proper nutrition. But when transitioning from private insurance to Medicare, this patient, too, lost his access to MNT. This truly is a lost opportunity since we know early treatment with MNT can prevent future and more serious health complications and chronic conditions in older adults. Conditions such as prediabetes and Celiac Disease should be covered.

The health and financial crisis brought on by the COVID-19 pandemic makes access to MNT even more important. Seniors with diet-related conditions have suffered more than any other population in terms of experiencing the worst health outcomes, including death. According to Centers for Medicare & Medicaid Services (CMS) data, among those hospitalized with COVID-19, 84 percent of patients had hypertension, 68 percent had hyperlipidemia, 51 percent had diabetes, and 35 percent of patients were obese. Tragically, many of these patients were never able to leave the hospital because they passed away. In addition to the human cost, there is a financial one: the impact on the Medicare program.

This should not come as a surprise since the health and economic impact of chronic diseases is staggering. According to the U.S. Centers for Disease Control and Prevention, 90 percent of the \$3.5 trillion that the United States spends annually on health care goes to the treatment of people with chronic diseases and mental health conditions. Preventing chronic diseases, or managing symptoms when prevention is not possible, is one way to reduce these costs. This is particularly important for the Medicare program as more than two-thirds of seniors on Medicare live with multiple chronic conditions. As one Registered Dietitian Nutritionist in Maine told me, "we all know a dollar spent on prevention saves many health care dollars in the long run and is the right thing to do for our seniors at a time when they have limited budgets."

The Medical Nutrition Therapy Act of 2021 is supported by nearly 50 national organizations, including the Academy of Nutrition and Dietetics, the American Diabetes Association, the Endocrine Society, the American Cancer Society Cancer Action Network, and UsAgainstAlzheimer's.

I urge my colleagues to support this important legislation to improve ac-

cess to cost-effective medical treatment for Medicare patients with chronic diseases.

Thank you, Mr. President.

AUTHORITY FOR COMMITTEES TO MEET

Mr. HASSAN. Mr. President, I have a request for one committee to meet during today's session of the Senate. It has the approval of the Majority and Minority leaders.

Pursuant to rule XXVI, paragraph 5(a), of the Standing Rules of the Senate, the following committee is authorized to meet during today's session of the Senate:

COMMITTEE ON AGRICULTURE, NUTRITION, AND FORESTRY

The Committee on Agriculture, Nutrition, and Forestry is authorized to meet during the session of the Senate on Monday, May 10, 2021, at 5:30 p.m., to conduct a meeting.

APPOINTMENT

U.S. SENATE,
OFFICE OF THE SECRETARY,
April 30, 2021.

Hon. KAMALA D. HARRIS,
President of the Senate,
Washington, DC.

DEAR MADAM PRESIDENT: Under the provisions of Public Law 101-509, 104 Stat. 1389 (1990), the Secretary of the Senate is authorized to recommend one appointee to the Advisory Committee on the Records of Congress.

Tanya Marshall has served as the State of Vermont's Archivist and Chief Records Officer since 2012, where she also directs the Vermont State Archives and Records Administration, a division within the Vermont Office of the Secretary of State responsible for administering the Statewide Records and Information Management Program. I am pleased to nominate her to the Advisory Committee on the Records of Congress.

Congress established the Advisory Committee "to review the management and preservation of the records of Congress [and to] report to and advise the Congress and the Archivist of the United States on such management and preservation." The Committee consists of the Secretary of the Senate, the Clerk of the House, the Archivist of the United States, the historians of the Senate and House, and six members appointed by the leadership of Congress.

The statute requires that leadership appointees "shall have knowledge or expertise in United States history, archival management, publishing, library science, or use of legislative records." These appointees serve "for a term of two years, and may be reappointed without limitation."

I have enclosed a copy of the customary Congressional Record appointment notice for outside committee members.

Sincerely,

SONCERIA A. BERRY,
Secretary of the Senate.

Customary CONGRESSIONAL RECORD appointment notice for committee members:

The Chair announces, on behalf of the Secretary of the Senate, pursuant to Public Law 101-509, the appointment of Tanya Marshall of Vermont, to the Advisory Committee on the Records of Congress.

The PRESIDING OFFICER. The Senator from Minnesota.